



Intern Application Senator Dianne Feinstein

Please type or print this application. Please do not email your application.

Name: _____ **Social Security Number:** _____

Date of Birth: _____

Current Address:

**Parent/Guardian Name and Permanent
Address:**

Current Phone Number: _____ **Email Address:** _____

Internship session: (circle only one)

Fall Winter Spring Summer (STATE) Summer I (DC) Summer II (DC)

Full Time _____ **OR Part Time** _____

Office: (circle only one)

Fresno Los Angeles San Diego San Francisco Washington

College/University currently enrolled in: _____

Your Office of the Registrar's phone number: _____

Year in school AS OF TODAY: Freshman Sophomore Junior Graduate

Major: _____ **GPA:** _____ **Graduation Year:**

Will you receive credit for internship? Yes No

Are you a citizen of the United States? Yes No

If no, what type of visa do you hold? From what country?

Send all materials to the office you are applying to:

Washington, D.C.

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Office of Senator Dianne Feinstein
331 Hart Senate Office Building
Washington, DC 20510

Los Angeles

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Fresno

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